

CLASS V INVENTORY PROCESSING AND ROUTING SLIP

RECEIVED

JUL 19 2005

US EPA RECORDS CENTER REGION 5



4001584

Date received by USEPA / UIC Branch

UIC BRANCH
EPA REGION 5

ROUTE TO DIRECT IMPLEMENTATION SECTION CHIEF

ROUTE TO TECHNICAL SCREENING GROUP [after sufficient number are received]

Date reviewed by Technical Screening Group

8/2/05

Initials

RGH

Determination / Well Subclasses

Not a class V (5828 closed 7/5/04)

Does this need follow-up before data entry?

Yes ☐

No ☒

If yes, what kind?

If there needs to be a follow-up phone call to determine if the facility has a class V well or to determine what kind of class V well they may have, please refer to the questions on the other side of this sheet.

Does this need follow-up after data entry?

Yes ☐

No ☒

If yes, should this be a technical or general staff assignment?

Technical ☐

General ☐

Type of letter/response needed: Acknowledgment ☐

Info request ☐

[uncertain if they have a well]

Other ☐

Info request ☐

[we know they have a well]

ROUTE TO DATA ENTRY PERSON

Date entered into database

8/2/05

Initials

RM

USEPA Well ID Number/s assigned

1N-073-5X28-0003 (plugged)

ROUTE TO DIRECT IMPLEMENTATION SECTION CHIEF

Staff Assignee

Date assigned

Questions to ask of an owner/operator (or inspector):

- ☐ How many employees do you have? _____
- ☐ On a busy day, how many customers visit your facility who may use the rest room? _____
- ☐ What exactly does your business do? _____
- ☐ Do you have any company cars or trucks that you service at that facility? _____
- ☐ If it is not clear from the inventory already submitted, what is the size of the septic tank? _____
- ☐ Are there any storm water drainage wells in your parking lot? _____
- ☐ Are there any indoor connections to your septic or drywell system that are not restroom or kitchenette sinks and toilets? These might be floor drains, sumps, shop sinks, or processed water disposal methods.
- ☐ Please provide a sketch showing all indoor connections to your septic or drywell system.
- ☐ What activity occurs in the area of the floordrain/s?

INSPECTION / VISIT NOTES
UNDERGROUND DISCHARGE SYSTEM (CLASS V WELL)

Date of visit May 12, 2005 Inspector name: James Anthony Nowacki, Licensed Geologist

Name of facility: TOWN AND COUNTRY PAVING

Address: 6049 WORK ST DeMott Indiana 46310

Jasper County in the State of Indiana

Not on Indian lands

Type of Business: Asphalt Plant with paving crews

Did you enter the service bay / work area? ☒ Yes ☐ No

Type & number of known system(s): 2

Are there floor drains visible? ☒ Yes ☐ No

Septic System (# 2)

Are there any sumps (e.g., under hydraulic lifts)? Yes ☒ No ☐

Drywell (# 0)

Are there oil or other stains on the shop floor? ☒ Yes ☐ No

Drain/leach field (# 2)

Do they use a recycling service? ☒ Yes ☐ No

Open Abandoned Water Well (# 0)

If so, which one? FUTURE ENVIRONMENT

Cesspool (# 0)

Are they/do they use a public water supplier (PWS) Yes ☒ No ☐

Dug Hole (# 0)

PWS NAME _____ ID# _____

Other: (#)

What kind of UIC wells do you think they have on site? None ☒ Yes (Motor Vehicle 6 X 28) High Risk

☐ No Drains in work area ☐ Connected to sewer ☐ Less than 20 persons/day-sanitary only ☐ Residence ☐ Out of Business

☐ Floor drains discharge to land surface ☐ Drains discharge to surface waters ☐ Floor Drains discharge to holding tank disposed offsite

☐ Will be plugged within 30 days ☐ Plugged in last 12 months ☐ Plugged in last 1 to 5 years ☐ Plugged more than 5 years ago

Locational Information GPS File #: _____ Field Inspection site JASPER COUNTY # 25

NORTH 41. 18998

Latitude: NORTH 40 Longitude: WEST 87.16055 Method Garmin 76 GPS, # of Satellites 8

Accuracy¹: _____ Horizontal Datum²: _____ Map Scale³: _____

Place a sketch on this sheet to show known drains / sinks / restrooms / drywells / tanks / manholes.

Notes: NORTH ① = floor drain ② = sink RR = rest room Dw = drywell T = tank M = manhole



WORK ST



UNDERGROUND DISCHARGE SYSTEM (CLASS V) INVENTORY SHEET

(see instructions on back)

1.

2. Name of facility: TOWN & COUNTRY CONST INC.
 Address of facility: 6049 WORK ST.
 City/Town: DEMOTTE State: IN. Zip Code: 46310
 County: JASPER Location: _____

Contact Person: RODNEY URBANO Phone Number: 219 987 5450

3. Name of Owner or Operator: TONI L. BURNS
 Address of Owner or Operator: 419 CEDAR ST NW
 City/Town: DEMOTTE State: IN Zip Code: 46310

Type & number of system(s): _____ Drywell(s) ☒ Septic System(s) _____ Other (describe): _____
 Attach a schematic of the system: Attach a map or sketch of the location of the system at the facility.

5. Source of discharge into system: RESTROOM USES LESS THAN 20
PEOPLE PER DAY

6. Fluids discharged: HUMAN WASTE

7. Treatment before discharge: NONE

8. Status of underground discharge system: ☒ Existing ☐ Unused/Abandoned ☐ Under Construction ☐ Proposed

Approved/Permitted by: JASPER COUNTY Date constructed: 3-22-00

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (Ref. 40 CFR 144.32)

Signature: Joe Starr Date: 5-12-05

Name: (printed) JOE STARR

Official Title: OFFICE MANAGER

United States Environmental Protection Agency

UIC Federal Reporting System

Class V Well ~~Pre~~-Closure Notification Form

1. Name of facility: TOWN & COUNTRY CONST INC.
 Address of facility: 6049 WORK ST

City/Town: DEMOTHE State: IND. Zip Code: 46310

County: JASPER Location: _____ Lat./Long.: _____

2. Name of Owner/Operator: TOM L BURNS
 Address of Owner/Operator: 419 CEDAR ST.

City/Town: DEMOTHE State: IND. Zip Code: 46310

Legal contact: RODNEY URBANO Phone number: 219 9875450

3. Type of well(s): FLOOR DRAIN Number of well(s): 1

4. Well construction (check all that apply):

- ☐ Drywell ☒ Septic tank ☐ Cesspool
☐ Improved sinkhole ☐ Drainfield/leachfield ☒ Other PIPE

5. Type of discharge: NONE, INCOMPLETE FLOOR SYSTEM

6. Average flow (gallons/day): - 0 - 7. Year of well construction: 3-22-00

8. Type of well closure (check all that apply):

- ☐ Sample fluids/sediments ☒ Clean out well
☐ Appropriate disposal of remaining fluids/sediments ☒ Install permanent plug
☐ Remove well & any contaminated soil ☐ Conversion to other well type
☐ Other (describe): SEALED WITH CONCRETE

9. Proposed date of well closure: 7-5-04

10. Name of preparer: MIKE URBANO Date: 7-9-04

OPERATIONS MANAGER

Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).

Name and Official Title (Please type or print)

MIKE URBANO

Signature

[Signature]

Date Signed

7-9-04

INSTRUCTIONS FOR EPA FORM 7520-17

This form contains the minimum information that you must provide your UIC Program Director if you intend to close your Class V well. This form will be used exclusively where the EPA administers the UIC Program: AK, AS, AZ, CA, CO, DC, DE, HI, IA, IN, KY, MI, MN, MT, NY, PA, SD, TN, VA, VI, and on all Tribal Lands. If you are located in a different State or Jurisdiction, ask the agency that administers the UIC Program in your State for the appropriate form.

If you are closing two or more Class V wells that are of similar construction at your facility (two dry wells, for example) you may use one form. If you are closing Class V wells of different construction (a septic system and a dry well, for example) use one form per construction type.

The numbers below correspond to the numbers on the form.

1. Supply the name and street address of the facility where the Class V well(s) is located. Include the City/Town, State (U.S. Postal Service abbreviation) and Zip Code. If there is no street address for the Class V well, provide the route number or locate the well(s) on a map and attach it to this form. Under "Location," provide the Latitude/Longitude of the well, if available.
2. Provide the name and mailing address of the owner of the facility, or if the facility is operated by lease, the operator of the facility. Include the name and phone number of the legal contact for any questions regarding the information provided on this form.
3. Indicate the type of Class V well that you intend to close (for example, motor vehicle waste disposal well or cesspool). Provide the number of wells of this well type at your location that will be closed.
4. Mark an "X" in the appropriate box to indicate the type of well construction. Mark all that apply to your situation. For example, for a septic tank that drains into a drywell, mark both the "septic tank" and "drywell" boxes. Please provide a generalized sketch or schematic of the well construction if available.
5. List or describe the types of fluids that enter the Class V well. If available, attach a copy of the chemical analysis results and/or the Material Safety Data Sheets for the fluids that enter the well.
6. Estimate the average daily flow into the well in gallons per day.
7. Provide the year that the Class V well was constructed. If unknown, provide the length of time that your business has been at this location and used this well.
8. Mark an "X" in the appropriate box(s) to indicate briefly how the well closure is expected to proceed. Mark all that apply to your situation. For example, all boxes except the "Remove well & any contaminated soil" and "Other" would be marked if: the connection of an automotive service bay drain leading to a septic tank and drainfield will be closed, but the septic system will continue to be used for washroom waste disposal only, and the fluids and sludge throughout the system will be removed for proper disposal, the system cleaned, a cement plug placed in the service bay drain and the pipe leading to the washroom connection, and the septic tank/drainfield remains open for septic use only. In this example, the motor vehicle waste disposal well is being converted to another well type (a large capacity septic system).
9. Self explanatory.
10. Self explanatory.

PLEASE READ . . .

The purpose of this form is to serve as the means for the Class V well owner or operator's notice to the UIC Director of his/her intent to close the well in accordance with Title 40 of the Code of Federal Regulations (40 CFR) Section 144.12(a). According to 40 CFR §144.86, you must notify the UIC Program Director at least 30 days prior to well closure of your intent to close and abandon your well. Upon receipt of this form, if the Director determines that more specific information is required to be submitted to ensure that the well closure will be conducted in a manner that will protect underground sources of drinking water (as defined in 40 CFR §144.3), the Director can require the owner/operator to prepare, submit and comply with a closure plan acceptable to, and approved by the Director.

Please be advised that this form is intended to satisfy Federal UIC requirements regarding pre-closure notification only. Other State, Tribal or Local requirements may also apply.

Paper Work Reduction Act Notice

The public reporting and record keeping burden for this collection of information is estimated to average 1.5 hours per respondent. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions, develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information, adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including thorough the use of automated collection techniques to the Director, Regulatory Information Division, U.S. Environmental Protection Agency (2137), 401 M. Street, S.W., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

UNDERGROUND DISCHARGE SYSTEM (CLASS V) INVENTORY SHEET

(see instructions on back)

1. Name of facility: Town & Country Const., Inc.
Address of facility: 6049 WORK St
City/Town: DeMotte State: IN Zip Code: 46310
County: Jasper Location: _____
- Contact Person: Rodney Urbano Phone Number: 219-987-5450
2. Name of Owner or Operator: Toni L Burns
Address of Owner or Operator: 419 Cedar St NW
City/Town: DeMotte State: IN Zip Code: 46310
3. Type & number of system(s): _____ Drywell(s) ☒ Septic System(s) _____ Other (describe): _____
Attach a schematic of the system: Attach a map or sketch of the location of the system at the facility.
4. Source of discharge into system: restroom
5. Fluids discharged: human waste
6. Treatment before discharge: none
7. Status of underground discharge system: ☒ Existing ☐ Unused/Abandoned ☐ Under Construction ☐ Proposed
Approved/Permitted by: Jasper County Date constructed: 3-22-00

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (Ref. 40 CFR 144.32)

Signature: Sue Starr Date: 5-12-05
Name: (printed) Sue STARR
Official Title: office manager